

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

1. File Number U <u>4506</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>ROBERT M EVERS</u> P.O. Box, Bldg., Room No., if any <u>SUITE 200</u> Street <u>99 RAILROAD STATION PLAZA</u> City <u>HICKSVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11841</u>	4. Name, file number, and address of labor organization. Name <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS</u> Labor Organization File Number _____ P.O. Box, Building and Room Number, if any <u>SUITE 200</u> Street <u>99 RAILROAD STATION PLAZA</u> City <u>HICKSVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11801</u>
5. Position in labor organization. <u>GENERAL CHAIRMAN, PENSION DIRECTOR, WELFARE AND ADMINISTRATION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>HULM &amp; OHARA LLP</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 1745, GRAYBAR</u> Street <u>420 LEXINGTON AVE</u> City <u>NEW YORK NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10170-0170</u>	7.a. Nature of Interest, Transaction, or Income. <u>BRICKLAYERS GOLF TOURNAMENT</u>  7.b. Amount. <u>\$300.00</u>

**Signature**

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert M Evers

On 8-5-05  
Date

516-932-7130  
Telephone Number